06/28/2011 13:00

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE PO Box 70980 ADDRESS (number and street) Check if different than previously DC 20024 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00394163 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 03 0 1 2008 03 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. John Richardson Type or Print Name of Treasurer John Richardson Electronically Filed by 06 28 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

D D " D 0 1 03 2008 0.3 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008^Y 190176.06 January 1 (b) Cash on Hand at 166587.16 Begining of Reporting Period 5350.00 13850.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 171937.16 204026.06 6(a) and 6(c) for Column B) 43544.45 75633.35 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 128392.71 128392.71 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

м м 0 1 м м 3 1 2008 2008 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3300.00 11800.00 (i) Itemized (use Schedule A) 2050.00 2050.00 (ii) Unitemized (iii) TOTAL (add 5350.00 13850.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 5350.00 13850.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 5350.00 13850.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 5350.00 13850.00 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A	COLUMN B					
1	Operating Expenditures:	Total This Period	Calendar Year-to-Date					
	(a) Shared Federal/Non-Federal							
	Activity (from Schedule H4)	0.00	0.00					
	(i) Federal Share							
	(ii) Non-Federal Share	0.00	0.00					
	(b) Other Federal Operating							
	Expenditures	44.45	133.35					
	c) Total Operating Expenditures	44.45	100.05					
2	(add 21(a)(i), (a)(ii) and (b))	44.45	133.35					
	Committees	0.00	0.00					
3.	Contributions to							
	Federal Candidates/Committees	43500.00	75500.00					
	ndependent Expenditure	0.00	0.00					
5.	(use Schedule E)	0.00	0.00					
	Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00					
	(222 23							
6.	Loan Repayments Made	0.00	0.00					
7	oans Made	0.00	0.00					
8.	Refunds of Contributions To:	0.00	0.00					
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00					
		0.00	0.00					
	(b) Political Party Committees	0.00	0.00					
	(c) Other Political Committees (such as PACs)	0.00	0.00					
	(d) Total Contribution Refunds							
	(add Lines 28(a), (b), and (c))	0.00	0.00					
		0.00	0.00					
9.	Other Disbursements	0.00	0.00					
0.	Federal Election Activity (2 U.S.C 431(20))							
	(a) Shared Federal Election Activity							
	(from Schedule H6)	0.00	0.00					
	(i) Federal Share	0.00	0.00					
	(ii) "Levin" Share	0.00	0.00					
	(b) Federal Election Activity Paid Entirely							
	With Federal Funds	0.00	0.00					
	(c) Total Federal Election Activity (add	0.00	0.00					
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00					
14	Tetal Diahura amenta (add 1: 01/-) 00							
)1.	Total Disbursements (add Lines 21(c), 22,	43544.45	75633.35					
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	700-7-700	70000.00					
32.	Total Federal Disbursements							
	(subtract Line 21(a)(ii) and Line 30(a)(ii)							
	from Line 31)	43544.45	75633.35					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	5350.00	13850.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	5350.00	13850.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	44.45	133.35
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	44.45	133.35

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMER	he name and add	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bruce Baldecchi Mailing Address 313 W. Ann Street City Carson City FEC ID number of contributing federal political committee. Name of Employer Prof. Anesthesia Services	State NV C		Date of Receipt M M D D Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thomas V. Bertuccini Mailing Address 1101 Kaliste Saloom	n Road		Date of Receipt 0 3 1 9 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.5656
<u>Lafayette</u>	LA	70508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00 Contribution
Name of Employer Lafayette Surgical Hospit- al	Occupatio Physicial		Contribution
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James Breeden			Date of Receipt
Mailing Address 1200 N. Mountain St	treet		03 05 2008
City	State	Zip Code	Transaction ID: SA11AI.5645
Carson City FEC ID number of contributing federal political committee.	C	89701	Amount of Each Receipt this Period 300.00
Name of Employer Carson Medical Group	Occupatio Physicia		Contribution
Receipt For: Primary General Other (specify) ▼	_ · · · · ·	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			1050.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 17 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICAL CONTROL OF AMERICA			son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Samuel Chacon Mailing Address 1200 N. Mountain Stro	eet		Date of Receipt
City Carson City	State NV	Zip Code 89701	Transaction ID: SA11AI.5640 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Carson Medical Group Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		Contribution
Full Name (Last, First, Middle Initial) Dr. James Colgan Mailing Address 1400 Medical Parkwa	у		Date of Receipt 0 3 1 9 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.5655
Carson City FEC ID number of contributing federal political committee.	C	89703	Amount of Each Receipt this Period 500.00
Name of Employer Sierra Surgery and Imaging	Occupatio Physicial		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James A. Cunningham	1		Date of Receipt
Mailing Address 1425 Vista Lane			03 05 2008
City	State	Zip Code	Transaction ID: SA11AI.5639
Carson City FEC ID number of contributing federal political committee.	C	89703	Amount of Each Receipt this Period 300.00
Name of Employer Carson Urologists	Occupatio Physicia		Contribution
Receipt For: Primary General Other (specify) ▼	, ' ' 	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional) .			1100.00

PAGE 8 / 17 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt A. Joan Lapham Mailing Address 1400 Medical Parkway 03 05 2008 City State Zip Code Transaction ID: SA11AI.5653 Carson City ΝV 89703 Amount of Each Receipt this Period FEC ID number of contributing 150.00 C federal political committee. Contribution Name of Employer Sierra Surgery Hospital Occupation CEO Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. Dr. Thomas Parr Date of Receipt Mailing Address 14090 Southwest Freeway 0 3 13 2008 Suite #130 City State Zip Code Transaction ID: SA11AI.5654 Sugar Land TX 77478 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Contribution Name of Employer Self-Employed Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1150.00
TOTAL This Period (last page this line number only)	•	3300.00

S	SCHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)		_	R LINE	_	R:			P	AGE	9/1	7
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/	NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA P						ion donti		10110	71101	11 00011		TIRLOG	
۷.	Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS 2008		Transaction ID: SB23. Date of Disbursement							.568	33			
	Mailing Address PO Box 1924						0 ^M 3	М	′	0 (6 /	Ý	0 0 8	B Y
	City Muskogee	State OK	Zip Code 74402				Amou	nt o	f Ea	ch E	Disburs			
	Purpose of Disbursement Contribution						L.				<u> </u>	20	00.00)
	Candidate Name DAVID BOREN		0000		ateg Typ	,								
	Senate President	ement For: Primary Other (spe	2008 X General ecify) ▼											
_ 3.	State: OK District: 02 Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS						Trans		-		SB23	.566	66	
	Mailing Address P.O. Box 8277	iling Address P.O. Box 8277							'	0 (6 /	Y 2	0 0 8	3 Y
	City The Woodlands	State Zip Code TX 77387							f Ea	ach [Disburs	emer	nt this I	Period
	Purpose of Disbursement Contribution						L.					10	00.00)
	Candidate Name KEVIN BRADY			С	ateg Typ									
	Office Sought: X House Disburs Senate President State: TX District: 08	ement For: Primary Other (spe	2008 X General ecify) ▼											
_).	Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS						Date of	of D		ırser		.568	37	
	Mailing Address 23942 Lyons Ave #105						0 ^M 3	М	/	0 (6 /	2	0 0 8	3 Y
	City Santa Clarita	State CA	Zip Code 91321				Amou	nt o	f Ea	ch [Disburs			
	Purpose of Disbursement Contribution											20	00.00)
	Candidate Name HOWARD 'BUCK' P MCKEON		0000	С	ateg Typ	ory/ e								
	9 2	ement For: Primary Other (spe	2008 General											
Γ											•	50	00.00	
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۸.	Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CON	IGRESS INC			Da	ate o	f Dis	burse	SB23			V
	Mailing Address Post Office Box 80126					Ĭ3 [™]	/	0	6	ž	8 Ó C	
	City Lafayette	State Zip Code LA 70598			Ar	nour	nt of	Each	Disburse	-		eriod
	Purpose of Disbursement Contribution]		•			200	0.00	
	Candidate Name Dr. Charles Boustany, Jr.		С	ategory/ Type								
	Senate President	ement For: 2008 Primary General Other (specify)										
_	State: LA District: 07 Full Name (Last, First, Middle Initial)				Tr	ansa	actio	n ID:	SB23	.5697	,	
	CHARLIE DENT FOR CONGRESS				Date of Disbursement M M M / D D / Y 0 3			Y Ž	0 ŏ 8	Υ		
	Mailing Address PO Box 442											
	City Allentown	State Zip Code PA 18105			Ar	nour	nt of	Each	Disburse		0.00	eriod
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	Candidate Name CHARLES W DENT		С	ategory/ Type								
		ement For: 2008 Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) CITIZENS FOR TOM PETRI				Da	ate o	f Dis	burse	SB23	.5709		
	Mailing Address P.O. Box 270					3	/	^D 1	0 /	ž	8 Ó C	Y
	City Fond du Lac	State Zip Code WI 54936			Ar	nour	nt of	Each	Disburse	ement 1	this P	eriod
	Purpose of Disbursement Contribution		Γ	0 0	<u> </u>			200	0.00			
	Candidate Name TOM PETRI		[c	ategory/ Type								
	Senate X President	ement For: 2008 Primary General Other (specify)	•									
<u> </u>	State: WI District: 06					-	•	•	•	5000	0.00	
Г	GUBTOTAL of Disbursements This Page (optional)					•	•	•	•	3330		-
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ITCMIZE	ILE B (FEC Form 3	Use sepa	arate schedule(s)		E NUMBER: PAGE 11 / 17
	D DISBURSEMEN	TS for each	category of the Summary Page	(check on 21b 27	22 X 23 24 25 28c 29
					for the purpose of soliciting contributions olicit contributions from such committee
1 \	COMMITTEE (In Full)	ERICA POLITICAL	ACTION COM	IMITTEE	
	(Last, First, Middle Initial) TH DOLE COMMITTEE	INC			Transaction ID: SB23.5657 Date of Disbursement
Mailing Ad	ddress PO BOX 2918				$\begin{bmatrix} 0 & 3 & M & / & 0 & 6 \\ 0 & 3 & M & / & 0 & 6 \end{bmatrix} \begin{bmatrix} 1 & 1 & 1 & 1 \\ 1 & 2 & 0 & 0 & 8 \end{bmatrix}$
City RALEIG	Н	State NC	Zip Code 27602		Amount of Each Disbursement this Period
Contributi					2000.00
	TH DOLE			Category/ Type	
Office Sor	X Senate President	Disbursement For: X Primary Other (spe	2008 General		
	District: (Last, First, Middle Initial) FOR CONGRESS				Transaction ID: SB23.5675 Date of Disbursement
Mailing Ad	ddress PO Box 15100				03
City Chesape	eake	State VA	Zip Code 23328		Amount of Each Disbursement this Period
Purpose o	f Disbursement on			• •	1000.00
Candidate J. RAND	Name Y FORBES			Category/ Type	
Office Sol	Senate President	Disbursement For: X Primary Other (spe	2008 General		
State. V	(Last, First, Middle Initial)				Transaction ID: SB23.5715
	S OF CHARLIE WILSON				Date of Disbursement
		l			Date of Disbursement O 3
FRIEND	ddress 7 CADIZ PIKE	State OH	Zip Code 43912		Amount of Each Disbursement this Period
Mailing Ad City BRIDGE Purpose of	ddress 7 CADIZ PIKE PORT of Disbursement ontribution Check Dated 2/22/	State OH			03 19 7 2008
City BRIDGE Purpose of Void of Co	PORT of Disbursement ontribution Check Dated 2/22/ Name ES A. WILSON, Jr.	State OH	43912	Category/ Type	Amount of Each Disbursement this Period
Mailing Ad City BRIDGE Purpose of Void of Co	PORT of Disbursement ontribution Check Dated 2/22/ Name ES A. WILSON, Jr. ught: X House Senate President	State OH	2008 General		Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LIN	E NUMBER: PAGE 12						17	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	П	24 28c	25 29		26 30	
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r for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political	COMM	iillee lo s	Olicit Coriti	ibutions ir	OIII S	such co	ommittee			
PHYSICIAN HOSPITALS OF AMERICA P	OLITICAL ACTION COM	ΙΜΙΤΊ	EE								
Full Name (Last, First, Middle Initial) FRIENDS OF DOC HASTINGS				Date of	action ID of Disburs	eme					
Mailing Address PO Box 2926				0,3	M / D	0 6	/ Y	200	8		
City Pasco	State Zip Code WA 99302			Amou	nt of Each	n Dis	burser	nent this	Perio	bd	
Purpose of Disbursement	1777			1 1				1000.0	0		
Contribution											
Candidate Name DOC HASTINGS			egory/ ype								
	ement For: 2008 Primary General Other (specify)										
Full Name (Last, First, Middle Initial)				Trans	action ID	. 9	R23 F	5680			
FRIENDS OF JIM INHOFE COMMITTEE					of Disburs	eme		,000			
Mailing Address PO BOX 13300				0 ^M 3	M / D) 6	/ Y	200	8 ^Y		
City OKLAHOMA CITY	State Zip Code OK 73113			Amou	nt of Each	n Dis	burser	nent this	Perio	bd	
Purpose of Disbursement Contribution	75110					•		5000.0	0		
Candidate Name JAMES M INHOFE			egory/ ype								
ÿ	ement For: 2008 Primary General Other (specify)										
Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS					action ID			5693			
Mailing Address PO Box 23940				0 ^M 3	M / D	0 6	/ Y	žoŏ	8 ^Y		
City Santa Barbara	State Zip Code CA 93121			Amou	nt of Each	n Dis	burser	nent this	Perio)d	
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Candidate Name LOIS G. CAPPS			egory/ ype								
	ement For: 2008 Primary General Other (specify)										
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В.

C.

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	☐ 22
		27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO	DLITICAL ACTION COM	1MITTEE	
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.5672
GRAVES FOR CONGRESS			Date of Disbursement
Mailing Address 2345 Grand Suite 2400			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} Y$
,	State Zip Code MO 64108		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	11100	• •	2000.00
Candidate Name		Category/	
SAMUEL B. GRAVES		Type	
· -	ment For: 2008 Primary General Other (specify)		
State: MO District: 06			
Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS			Transaction ID: SB23.5718 Date of Disbursement
Mailing Address 7905 MALCOLM ROAD	SUITE 102		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ D & I & P \\ I & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I & I \\ I & I & I & I \end{bmatrix} $
,	State Zip Code		Amount of Each Disbursement this Period
CLINTON Purpose of Disbursement	MD 20735		-5000.00
Void of Contribution Check Dated 2/22/08			
Candidate Name STENY HAMILTON HOYER		Category/ Type	
Office Sought: X House Disburse Senate President	ment For: 2008 Primary X General Other (specify)		
State: MD District: 05	Other (specify)		
Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS			Transaction ID: SB23.5719 Date of Disbursement
Mailing Address 7905 MALCOLM ROAD S	SUITE 102		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
	MD 20735		
Purpose of Disbursement Contribution			5000.00
Candidate Name STENY HAMILTON HOYER		Category/ Type	
	ment For: 2008		
Senate President	Primary X General Other (specify) ▼		
State: MD District: 05			
SUBTOTAL of Disbursements This Page (optional) .			2000.00

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		heck only	NUMBER: PAGE 14 / 17
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and St for commercial purposes, other than using the				
\rangle	NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERIC.	A POLITICAL ACTION COM	MMITTE	ΞE	
<u> </u>	Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS				Transaction ID: SB23.5684 Date of Disbursement
	Mailing Address PO BOX 112				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	City BURLINGAME	State Zip Code CA 94011			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution				2000.00
	Candidate Name JACKIE SPEIER		Cated Typ		
	Senate President	ursement For: 2008 X Primary General Other (specify) ▼			
	State: CA District: 12 Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COM	MITTEE			Transaction ID: SB23.5698 Date of Disbursement
	Mailing Address PO Box 87				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O \\ O & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	City Uwchland	State Zip Code PA 19480			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution				1000.00
	Candidate Name JIM GERLACH		Cate Typ		
	Office Sought: X House Senate President State: PA District: 06	ursement For: 2008 X Primary General Other (specify)	•		
	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS				Transaction ID: SB23.5701 Date of Disbursement
	Mailing Address PO BOX 425				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
	City ROSWELL	State Zip Code GA 30077			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution				1000.00
	Candidate Name THOMAS EDMUNDS PRICE, MD		Cate Typ		
	Office Sought: X House Senate President Disb	ursement For: 2008 X Primary General Other (specify) ▼			
	State: GA District: 06				

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)						E NUMBER: PAGE 15 / 17								
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	A	22 28a	X	23 28b	24 28c	F	25 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam													3		
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA P															
Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS							Date o		sburse	D / `			Y		
Mailing Address PO Box 581 Post Office Box 581							0 3		0	6	. 2	0 ŏ 0	3		
City Brighton	State MI	Zip Code 48116					Amou	nt of	Each	Disburse	-				
Purpose of Disbursement Contribution								-			20	00.00			
Candidate Name MICHAEL J ROGERS					egory/ ype										
Senate X President	ement For: Primary Other (spe	2008 General			<u> </u>										
State: MI District: 08 Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	SB23	567	'9			
SCHIFF FOR CONGRESS								of Di	sburse	ement	/ Y	· Y ·	Υ		
Mailing Address 777 S. Figueroa St. Suite 4050							0 3		0	6	. 2	0 0 8	3		
City Los Angeles	State CA	Zip Code 90017					Amou	nt of	Each	Disburse	men	t this I	Period		
Purpose of Disbursement Contribution				-							20	00.00)		
Candidate Name ADAM SCHIFF					egory/ ype										
Senate X President	ement For: Primary Other (spe	2008 General													
State: CA District: 29 Full Name (Last, First, Middle Initial)							Trono	ooti	on ID:	SB23	560	10			
SENATE MAJORITY FUND							Date o		sburse	ement			V		
Mailing Address P.O. Box 32025							0 3	IVI	0	6	2	0 0 8	3		
City Phoenix	State AZ	Zip Code 85064					Amou	nt of	Each	Disburse	men	t this I	Period		
Purpose of Disbursement			Г	v	•			-			50	00.00)		
Candidate Name					egory/ ype										
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General													
State: District:								_							
SUBTOTAL of Disbursements This Page (optional)					. •		<u>L</u>	_			90	00.00			

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC Form	Use sep	arate schedule(s)	-	E NUMBER: PAGE 16 / 17
ΙΤ	EMIZED DISBURSEMEN	TS for each	category of the Summary Page	(check on 21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
					for the purpose of soliciting contributions olicit contributions from such committee
	NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AN	IERICA POLITICAL	ACTION COM	IMITTEE	
<u> </u>	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS				Transaction ID: SB23.5712 Date of Disbursement
	Mailing Address PO Box 37091				03
	City Charlotte	State NC	Zip Code 28237		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution				1000.00
	Candidate Name SUE MYRICK	T = =		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: X Primary Other (specific	2008 General ecify) ▼		
	State: NC District: 09 Full Name (Last, First, Middle Initial) TEAM SUNUNU				Transaction ID: SB23.5706 Date of Disbursement
	Mailing Address PO BOX 500				03
	City RYE	State NH	Zip Code 03870		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution				4000.00
	Candidate Name JOHN E SUNUNU			Category/ Type	
	Office Sought: X Senate President State: NH District:	Disbursement For: X Primary Other (spe	2008 General ecify)		
	Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS				Transaction ID: SB23.5702 Date of Disbursement
	Mailing Address PO Box 24551				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	O:t-	State	Zip Code 15234		Amount of Each Disbursement this Period
	City Pttsburgh	PA	15254		
	Pttsburgh Purpose of Disbursement Contribution	PA	10204		2000.00
	Pttsburgh Purpose of Disbursement Contribution Candidate Name TIM MURPHY			Category/ Type	2000.00
	Pttsburgh Purpose of Disbursement Contribution Candidate Name	Disbursement For: X Primary Other (spi	2008 General		2000.00

SCHEDULE B (FEC Form 3X)			
•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMB (check only one)	ER: PAGE 17 / 17
ITEMIZED DISBURSEMENTS		21b 22 27 28a	X 23 24 25 26 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO	DLITICAL ACTION COMMI	TTEE	
Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS Mailing Address PO Box 1091		Date	saction ID: SB23.5660 e of Disbursement
Hood River Purpose of Disbursement Contribution	State Zip Code OR 97031		ount of Each Disbursement this Period
Candidate Name GREGORY PAUL WALDEN	C	ategory/ Type	
Senate X President	ment For: 2008 Primary General Other (specify)		
State: OR District: 02			

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)		43500.00